

PLAN YEAR 1/1/2024 THROUGH 12/31/2024
DENTAL AND VISION APPLICATION FOR BALTIMORE COUNTY GOVERNMENT RETIREES

Return to:
BALTIMORE COUNTY INSURANCE DIVISION
400 WASHINGTON AVE, RM 111, TOWSON, MD 21204
Email: bcbenefits@baltimorecountymd.gov

Phone # 410-887-2568
FAX # 410-887-3820

FOR INS. USE ONLY:

Effective date: _____
Completed by: _____
Date processed: _____

RETIREE PERSONAL INFORMATION

Retiree Name		Street					
SSN(last 4)		City		State		Zip	
DOB		Primary Phone					

DEPENDENT(S) BEING ADDED OR REMOVED

Name	Relationship	SSN	Gender	Date of Birth

BENEFIT PLAN OPTIONS

PLEASE ☒ PLAN DESIRED AND CIRCLE LEVEL OF COVERAGE OR ☒ WAIVE

NON-MEDICARE RETIREES ☐ Waive Dental ☐ Waive Vision ☐ Waive Dental & Vision

	Individual	Parent/Child	Retiree/Spouse	Family
<input type="checkbox"/> CareFirst BCBS Traditional Dental	\$38.41	\$57.60	\$76.81	\$115.26
<input type="checkbox"/> CareFirst BCBS Preferred Dental PPO	\$7.85	\$11.13	\$14.86	\$22.29
<input type="checkbox"/> Cigna Dental Care Access (DHMO)	\$4.94	\$8.91	\$9.87	\$14.88
<input type="checkbox"/> NVA Vision	\$.27	\$.41	\$.55	\$.83

MEDICARE RETIREES/ NON- MEDICARE SPOUSE OF MEDICARE RETIREE
OVER AGE 65 RETIREES & SPOUSES

☐ Waive Dental ☐ Waive Vision ☐ Waive Dental & Vision

	Individual	Parent/Child	Retiree/Spouse	Family
<input type="checkbox"/> CareFirst BCBS Traditional Dental	\$38.41	\$57.60	\$76.81	\$115.26
<input type="checkbox"/> CareFirst BCBS Preferred Dental PPO	\$31.42	\$44.55	\$59.44	\$89.19
<input type="checkbox"/> Cigna Dental Care Access (DHMO)	\$19.79	\$35.66	\$39.50	\$59.54
<input type="checkbox"/> NVA Vision	\$2.78	\$4.18	\$5.56	\$8.34

Retiree Signature

Date